



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Submit plans to: G. ERIK HOTTON JR., ARCHITECT
Georgia Department of Community Health
Division of Health Planning
5th Floor, 2 Peachtree Street, NW
Atlanta, Georgia 30303-3159
404/656-0457
FAX 404/656-0654
ehotton@dch.ga.gov
Revised May 19, 2006

2006 DCH PLANS TRANSMITTAL LETTER

PLEASE COMPLETE ALL OF THE FOLLOWING and PROVIDE ACTIVE MAILING ADDRESSES

DATE SUBMITTED: _____ (MINIMUM 45 DAYS PRIOR TO DESIRED START OF CONSTRUCTION)
CON, LNR or DET NUMBER: _____ (SEE CHECKLIST BELOW)

FACILITY NAME: _____

PROJECT NAME: _____

STREET ADDRESS: _____

CITY: _____, GEORGIA ZIP CODE: _____ - _____ COUNTY: _____

CONTACT PERSON: (Dr./Mr./Mrs./Ms.) _____ PHONE NUMBER: _____

E-MAIL: _____

OWNER: (COMPANY NAME) _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: (Dr./Mr./Mrs./Ms.) _____ PHONE: _____

E-MAIL: _____

SUBMITTED BY: (COMPANY NAME) _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: (Dr./Mr./Mrs./Ms.) _____ PHONE: _____

E-MAIL: _____

Are you the? Architect _____ Owner _____ Contractor _____ Consultant _____ Other _____

Architects Georgia Registration Number: _____

TYPE OF FACILITY

HOSPITAL: _____ NURSING HOME: _____ AMBULATORY SURGERY CENTER: _____ OTHER: _____

PURPOSE OF SUBMISSION

PRELIMINARY or DESIGN DEVELOPMENT REVIEW: _____

ADDENDUM: _____

FINAL REVIEW and CONSTRUCTION PERMIT: _____

REVISIONS: _____

Estimated Construction Cost: _____

Total Square Footage of Project: _____

Estimated Equipment Cost: _____

Start of Construction: _____

Estimated Completion: _____

PLANS FOR FINAL APPROVAL SHALL BE SUBMITTED A MINIMUM OF 45 DAYS PRIOR TO DESIRED START OF CONSTRUCTION.

*Please breakdown large sets into individual specialties.
Specifications and Structural Drawings are not required.
(Include Door, Hardware and Finish Schedules from Specifications.)*

CHECKLIST OF ITEMS TO BE INCLUDED WITH FINAL PLAN REVIEW SUBMITTAL

(Plans will not be entered into the system for Final Review without the below items)

PLANS TRANSMITTAL LETTER: _____ ONE SET OF PLANS: _____

COPY OF DCH APPROVAL LETTERS: CON _____, LNR: _____ or DETERMINATION: _____

COMPLETED CONSTRUCTION/RENOVATION PROGRAM NARRATIVE FORM: _____

Plans Requiring a CON or LNR will not receive a final review or construction permit prior to CON or LNR approval.

DCH USE ONLY: Date Received: _____

Project Number: _____